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Resource Newsletter of

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Book Review

Hold on to Your Kids: Why Parents Matter

"Hold on to Your Kids: Why Parents Matter" is a recently published book written by Gordon Neufeld and Gabor Mate that offers parents a refreshing and enlightened message. This book is both hopeful and encouraging, yet explains a worrisome trend that is threatening the welfare of our children.

Written by two local and influential health care professionals, *Hold on to Your Kids* examines parenting from the perspective of attachment theory. It begins with the central premise that the parent-child relationship is pre-eminent, and is the single most important factor in our ability to parent successfully.

It is this special relationship that we have with our children that allows them to be receptive to being parented, and empowers parents to become their comforter, guide, model, teacher, and coach.

The authors observe that our society has not



Jean Toth
Registered Psychologist

**...our children really do want
and need to belong to us...**

supported children's natural attachment to their parents, resulting in a growing and dangerous trend that is undermining parents' ability to influence and protect their children. "Peer orientation, ... the tendency of children to look to peers instead of their parents for direction, sense of right and wrong, values, identity, and codes of behavior ...", is seen as the most serious threat to our children. The danger is that peers, in addition to being equally immature, are not motivated by the same unconditional love and willingness to sacrifice and extend oneself for the sake of the other that parents are. Hence, those who do not genuinely have their best interests at heart are increasingly influencing our children. At the same time, our influence as parents is eroded.

Neufeld and Mate provide behavioral descriptions of a "peer-oriented" child so parents are able to recognize this damaging situation. Pre-occupation with peers, wanting to spend every minute with them and being bored and listless when away from them, adopting their manner of language, gestures, dress, and behaviors are some of the characteristics of peer-orientation. Similarly, when parents become the objects of contempt and scorn, and their children actively seek to be as different and distant from them as possible, the parent-child attachment relationship is in serious jeopardy.

Despite the very damaging nature of peer-orientation, the instinctive bond that children have with their parents is resilient and readily responsive to our efforts to rekindle this essential relationship. The authors direct parents in a variety of methods to "collect" children who may have begun to detach and slip away, to "draw them under our wing". These methods are focused on cultivating a connection, and restoring and re-establishing a working relationship, even with alienated, defiant, and hostile teenagers who are the most in need of being "reclaimed".

As a specialist in Developmental Psychology, Dr. Gordon Neufeld also explains why prevailing practices in child rearing, based on the goal of compliance, are actually damaging to children's attachments and longer-term emotional functioning. Tactics that employ contrived leverage (e.g., imposed sanctions, artificial consequences, withdrawal of privileges, "1-2-3 magic") and punitive separation (ignoring a child, isolation strategies, "time-outs", withdrawing affection) are seen to insult the child, strain the relationship, undermine a child's sense of security, and provoke counter will.

Rather than continuing to use these self-defeating interventions, Dr. Neufeld recommends "Seven Principles of Natural Discipline". These principles are consistent with intuitive parenting instincts, and operate from a basis of compassion and insight into the true develop-

mental needs of our children. Focusing on connection and the relationship; providing comfort during times of frustration; soliciting good intentions; avoiding confrontation; and fostering self-control, are alternative and effective responses to children's offending behaviors.

**Our job as parents is to
"hold on to our children and
help them hold on to us..."**

As parents themselves, the authors of *Hold on to Your Kids*, offer the hopeful message that our children really do want and need to belong to us, even if their behaviors seem to indicate otherwise. They profess that "the relationship between the child and parent is sacred, deserving of our utmost reverence and respect", and that "our relationship with our children should be our utmost priority". Our job as parents is to "hold on to our children and help them hold on to us ... until our work is done and they can hold on to themselves". We can and must reclaim our proper role as their nurturers and mentors so that they can venture forth and fulfill their own developmental destinies ■

Hold on to Your Kids: Why Parents Matter is a highly recommended resource for parents of children of all ages and is available at your local bookstore (published by Alfred A. Knopf Canada, 2004)

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Crystal Meth: The Unpredictable Drug

It's cheap, it's powerful, and it's scary. Crystal meth is a highly addictive drug that has made alarmingly rapid inroads into the local drug scene. Regional RCMP report that, in 2003, crystal meth comprised 65 percent of all drugs seized from raves and nightclubs. After pot, it is considered the drug of choice for many teens.

Crystal meth is just one of many street names for the powerful nervous system stimulant methamphetamine. Other popular names include Speed, Glass, Ice, Crank, Jib, Shards, and others. The chemical was originally used to treat asthma and later adapted to increase energy, suppress appetite, and reduce the need for sleep. It became popular during World War II to keep pilots and ground troops alert for up to 48 hours and later abused by long-haul truckers, bikers, students, and labourers trying to stave off sleep. It also became a major ingredient of diet pills due to its appetite suppressing properties and due to its ability to counteract depression it became one of the first antidepressants available to physicians.

The effects of crystal meth are similar to that of cocaine but last much longer and it is much cheaper and easier to buy. Although it can be swallowed, snorted or injected, it is generally smoked, resulting in an instant feeling of intense euphoria and well-being which can last for many hours. Tolerance develops quickly, meaning the user soon requires higher and more frequent doses to gain the same effects. Addiction is reinforced rapidly. For this reason, many dealers will give out free samples of crystal meth knowing they will soon have a steady lucrative customer.

The drug's popularity at raves is understandable. Besides being cheap, available, and easy to ingest, it increases alertness, it decreases fatigue, counteracts feelings of depression, and creates a feeling of endless energy. The euphoria can last for 8 hours or more. Dancing 'til dawn is no longer just a sentimental saying. Some abusers will go on binges lasting many days and putting a severe strain on cardiovascular and nervous systems. These users may try to deplete their energy in any way possible such as non-stop dancing, cleaning, exercising, or even painting the whole house.

Unfortunately, crystal meth has many negative effects. Any dose level can be extremely dangerous or even fatal due to the unpredictable nature of the drug. Even short-term exposure is

toxic and can damage nerve cells in the brain. As the drug wears off, the user experiences anxiety, depression, and mental confusion. Respiration and body temperature rises. Delusions and hallucinations are common. Long-term use can cause sleep deprivation, heart and blood vessel

***It's cheap, it's powerful,
and it's scary.***

toxicity, severe malnutrition and dehydration. Convulsions, strokes, and paranoia are not uncommon. Many users center their lives around the drug to the point of compromising their jobs, finances, schooling, families, health and other responsibilities.

As noted, crystal meth has become popular with many teens. As parents, it is important to be aware of abnormal changes in your teen's behaviour. Unusual behaviours do not necessarily signal the use of crystal meth or any other drug for that matter. Nevertheless, it is wise to consider the possibility of drug use, particularly if some of the following symptoms appear evident:

rapid speech or jaw movement, missing school and assignments or work, poor bathing habits, dizziness, depressive state, impaired judgement, stealing money or easily saleable items, rapid mood changes, fidgeting,

can't sleep or excessive sleep, poor appetite, rapid weight loss, unusually high energy, pushes away friends or family, seclusion, obsessive lying, panic attacks, possessing small pipes or pop cans and aluminum foil with scorch marks, extreme fatigue, blank stare or dreamy state, tooth grinding, dry or itchy skin, extreme sweating, chest pain, nose bleeds, sniffing excessively, extreme nervousness, and preoccupation with raves, nightclubs, or weekend sleepovers without adequate controls.

Many parents are intuitive enough to realize when something about their teen just doesn't seem right. Many teens using drugs will deny it.

***...crystal meth has become
popular with many teens.***

Many others aren't using but have other issues which foster their unusual behaviour. It is wise to express your concerns directly without being accusatory or judgemental. Stay informed about your teen's activities and whereabouts. Stay connected to the parents of their friends. Educate yourself about the symptoms of drug use. If you are worried or uncertain, seek professional help. Some teens are frightened and don't know how to break the drug cycle. Offer to take them to see someone who may be able to help. Most important: Always keep the lines of communication open ■



Rick Hancock
Registered Psychologist

CDs/Audio Tapes

by Denis Boyd, M.A., R.Psych.

Marriage Can Be Great!

Topics include Attitude, Daily Talk Times, Consultation and Collaboration.

Living Through Grief

Help yourself and loved ones live through this difficult time of life.

Stress Survival

Learn some practical solutions for managing everyday stress.

Cost: \$10.00 each for audio tapes or \$15.00 each for CDs

Book

Parenting Teens: Without Power and Strings

by Rick Hancock, Psy.D., R.Psych.

A Handbook for Parents Coping With Difficult Teen Behavior

Cost: \$9.00 a copy

Coping With Crazy Thoughts

Maureen Chapman, M.A. Candidate

Jane attended therapy with an initial complaint of feeling anxious. She was hesitant to disclose what it was she feared and how she was coping with these "crazy thoughts". An example would be hiding certain clothes in case someone broke in and strangled her with them. Other rituals involved spinning in a circle 4 times to avoid a feared disaster. As the session progressed she was relieved to discover that many people have shared her experiences and have developed strategies to live a more peaceful existence.

...she was relieved to discover that many people shared her experiences...

Everybody experiences worries, doubts or superstitious beliefs at some point in their life. However, when they begin to interfere with everyday functioning or they make no sense at all, then a diagnosis of Obsessive Compulsive Disorder (OCD) may be possible. OCD involves obsessions, which are negative thoughts, images, or impulses. Compulsions are a thought or act that is performed (called a ritual), in an effort to reduce the anxiety and distress experienced by the obsession.

There are various types of obsessions and compulsions. The following provides examples of the more common thoughts and behaviors that an individual with OCD may experience. These examples are by no means exhaustive.

(1) Washers and Cleaners: There is an unrealistic fear of contamination. In an effort to reduce this fear, the individual may engage in repeated hand washing, showering, changing their clothes, or repeatedly cleaning and disinfecting their surroundings.

(2) Checkers: The thought is that either something bad will happen or has happened. To relieve these fears they must ensure that the stove, iron, door locks, etc. have been checked. It is not uncommon for checkers to repeat this behavior multiple times before bed. They may get up in the middle of the night or return from work to verify that things are secure.

(3) Repeaters: Similar to checkers, they fear a disaster will occur if they don't engage in particular behaviors. Jane had to repeatedly walk through an entrance a certain way until it felt "just right". If she looked in the mirror six times before leaving for work, she knew she would not get in an accident. If she counted by 3s up to 333 before a phone rang, then she was assured some unknown disaster would not occur. She is still unclear why she has to put her feet 4 times under the bath faucet before the water rushes out. There is just a general sense of anxiety and tension if she does not perform this ritual.

(4) Orderers: Jane becomes distressed if her environment is not in perfect order. She ensures that every food can is aligned, with the name facing out and in alphabetical order. The pencils in the drawer must all be the same length and be perfectly aligned.

(5) Hoarders: There is a feeling of distress when throwing away useless items. They are convinced that years down the road they may need those 500 shopping bags or piles of newspaper. These individuals are usually content as their collections grow to astronomical proportions, taking up entire rooms in their residence. It is usually a family member who recognizes that their loved one's behavior is unusual.

(6) Thinking Ritualizers, Worriers, and Pure

Obsessionals: There may be a multitude of fears. Making a mistake, being criticized, inappropriate guilt, or being insulting. They often fear failure, punishment, sinfulness, or humiliation. In an attempt to relieve these distressing thoughts they may engage in excessive prayer or mentally repeating phrases. In Jane's case she stays up late in the evening to draw up a list of 100 or more items that she must accomplish the next day. Her list begins with "Wake up, turn off alarm, stretch, get up, walk to the bathroom...etc". Her distress is gradually relieved as she crosses each item off her list.

It is important to remember that not all obsessive compulsive behaviors signify that something is wrong. Some rituals, such as nightly bed reading or singing to your child, or taking part in religious practices are healthy and normal rituals that give one a sense of security and peace. It is only when negative thoughts and/or behaviors continue to persist, interfere with one's life, make no sense, or cause distress that the individual should seek help.

...learn to develop strategies to resist the obsessions and compulsions...

If you see yourself or a loved one in any of the listed examples, be assured that there is relief available. Contact your doctor for a list of mental health therapists who can assess the symptoms, provide information on treatment options and support groups, and suggest reading materials. You will learn to develop strategies to resist the obsessions and compulsions and achieve a sense of mastery over these distressing experiences ■

Preparing for Post Holiday Blues

Denis Boyd, Registered Psychologist

As we all know, Christmas is an extremely hectic time of the year. It sometimes happens that when the last forkful of turkey casserole has been eaten and when the last of the holiday visitors has driven off, we are stuck by a wave of emotional exhaustion. What can we do to ease ourselves out of this period of letdown?

Before Christmas

- Pace yourself
- Take time to ponder the significance of Christmas; resolve not to let consumerism take over.

- If you have lost a loved one, Christmas may be the toughest anniversary of all. Keep family close at hand and give yourself permission to be upset. Recall the warm memories and perhaps add a new ritual or two in his/her memory.

After Christmas

- Take time to rest. Fatigue is a contributing factor to the "blues." Children also need time to "hang out" with their toys and games so as to savor them and to unwind.
- Share your feelings of sadness. These may relate

to missing a family member or saying goodbye to family and friends who are now returning to their homes. Help to ease the pain by talking or writing.

- Take up the invitation to look at the spiritual side of life and to develop it. This can be done by reading spiritual articles or revisiting a belief system or religion.
- Set realistic goals for the year ahead, perhaps in regard to financial management.
- Go for long walks with a relative or close friend.
- Visit someone in need ■

Good Listening is Hard Work

Poor or reactionary listening is a major issue for many couples who seek counselling. One challenge is to see past the tone of voice or irritability of the partner who is sharing his or her ideas or feelings. Even marriage counsellors sometimes need to be reminded about how to do this, as shown in the following examples.

"Tone Sensitive"

It is useful to acknowledge a feeling rather than react to it.

It was getting close to dinner, so I called my daughter, Carolyn. I shouted so that she would hear me, since she was in her room with the door closed. Maureen, who was standing nearby, asked me if I was angry with Carolyn. I was surprised at her question and told her that I was not. I then asked her if I had sounded angry and she said "yes". She then said something about my tone of voice.

Carolyn poked her head out of her room and asked me what I wanted. I responded by letting her know that it was dinnertime. She came out of her room, walked up to me, looked me in the eyes and asked me if I was mad at her. I laughed and told her I wasn't and then asked her if I sounded like I was when I had called her. She answered "yes".

I thought for a few seconds and realized that I must be tired after a busy day. I then told my daughter that this must be what I was feeling. She accepted this explanation and we went off to dinner. I asked Carolyn jokingly if her mother had phoned her in her room and told her to ask me if I was angry. It seems coincidental that the two of them had listened so well!

What is happening here?

I was tired, but not aware of being so. When I called my daughter, my fatigue affected my tone of voice. I sounded angry. Maureen handled this situation very well in that she asked me gently if I was angry. She did not tell me not to use "that tone" with our daughter. Had she done this I would have asked her, "What tone?" as I had thought that I had spoken civilly. In fact, I thought I was being helpful by calling our daughter for the evening meal.

Maureen did not accuse me of being angry with our daughter. If she had, I would have denied it. She knew what she had heard, though, and could have insisted that I really was angry.

This would have indeed made me feel angry and dinner would have been forgotten!

Carolyn had sensed I was upset. Instead of challenging me, however, she walked up to me and stood in front of me, close at hand, looked me in the eyes and asked me if I was angry. This allowed me to take a look inside and see what was going on. I was not feeling attacked or judged and so I was able, after my surprise at her question, (hence the laughter), to tell her that I was not angry. It was also possible for me to then acknowledge that I was tired. Up to this point I was not aware that I was indeed tired.

Try this:

Guess at the feeling behind the tone of voice.



Denis Boyd
Registered Psychologist

"Mr. Cranky"

Sometimes it is hard to not get upset by the words of another person. A third party, listening to the conversation, may be able to hear a feeling behind the words and tone and give constructive feedback.

It had been a long day. We had just finished an eleven hour road trip and I had done all the driving.

I was sitting in the kitchen having a snack when my youngest daughter,

Joanna, came in and asked me several questions in rapid succession. I turned to her and told her to "stop nattering at me". I said these words quickly and with evident irritation in my voice. Immediately I noticed by the look on her face that I had hurt her by saying what I did.

Maureen was standing nearby, observing my interaction with Joanna. I looked at her and she was silent. I knew I had blown it and I was impressed that she did not call me on it. She could easily have made a face or told me to not talk to our daughter as I did. Instead she paused, looked at Jo and said "I think that maybe Dad is tired after our long trip."

I immediately commented on this to Jo. I confirmed that indeed I was feeling very tired and yet this fatigue was no excuse for barking at her and I apologized. The look of hurt passed from Jo's face almost immediately and she went on with what she was asking me as I invited her now to do.

What is happening here?

I was tired and, when interrupted, I snapped at my daughter. I could see her hurt and was

going to comment on it when Maureen offered her thoughts. Maureen impressed me yet again by the way she handled this situation. She had heard my words and could see Joanna's hurt. Jo, on her part, had heard my cranky words and felt attacked. She was so caught up in her surprise and hurt that it did not occur to her that I was tired. Her mother's comments put things in perspective and this helped Jo to not feel attacked.

I, on the other hand, was going to say something but was upset with myself for hurting my daughter. I knew I was out of line and when Maureen offered her thoughts it made it easier for me to apologize and clarify what was happening for me.

Try this:

Acknowledge the feeling behind the tone of voice ■

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